#### Form 8879-EC

#### IRS e-file Signature Authorization for an Exempt Organization

| r year 2020, or fiscal year beginning | , 2020, and ending |  |
|---------------------------------------|--------------------|--|

OMB No. 1545-0047

For calenda Do not send to the IRS. Keep for your records. Department of the Treasury ■ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpayer identification number Name of exempt organization or person subject to tax COMMUNITY FOUNDATION OF 38-1872132 ST. CLAIR COUNTY Name and title of officer or person subject to tax RANDY D MAIERS PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_ 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) \_\_\_\_\_\_6b 6a Form 990-T check here b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above organization or I am a person subject to tax with respect to and that I have examined a copy (name of organization) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. True, correct, and complete. Further declare that the amount in Part Fabove is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Jake authorize the financial institutions involved in the processing of the electronic navment of taxes to receive (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize UHY ADVISORS MI, INC. 12345 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IhS Fed/State program, I will enter my PIN on the return's disclosure consent screen. gnature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 38860710405 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

IRS e-file Providers for Business Returns.

ERO's signature ► KAREN SHAFIK

Form 8879-EO (2020)

Date > 09/23/21

|  |           | EXTENDED TO NOVEMBER 15, 2021  | . 1      | 0.10.11 15.15.00.17  |
|--|-----------|--|----------|--|
| Form <b>990-T</b>  | 1         | xempt Organization Business Income Tax Return  | 1 -      | OMB No. 1545-0047  |
|  |           | (and proxy tax under section 6033(e))  |          | 2020   |
|  | For cal   | endar year 2020 or other tax year beginning , and ending   | ·        | 2020   |
| Department of the Treasury<br>Internal Revenue Service   | <b> </b>  | ► Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).   |          | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if   |           | Name of organization ( Check box if name changed and see instructions.)  | DEmpl    | oyer identification number                                 |
| address changed.   |           | COMMUNITY FOUNDATION OF  |          |  |
| B Exempt under section   | Print     | ST. CLAIR COUNTY   | -        | 8-1872132  |
| X = 501(c)(3)  | or        | Number, street, and room or suite no. If a P.O. box, see instructions.   |          | p exemption number instructions)                           |
| 408(e) 220(e)  | Туре      | 500 WATER STREET   | _        |  |
| 408A 530(a)  |           | City or town, state or province, country, and ZIP or foreign postal code   | ┝        |  |
| 529(a) 529S  |           | PORT HURON, MI 48060   | -JF L    | Check box if   |
|  |           | ok value of all assets at end of year  |          | an amended return.   |
|  |           | == 00 (() 00 (point == 0 )   | pplical  | ble reinsurance entity                                     |
|  |           | Claim credit from Form 8941 Claim a refund shown on Form 2439  |          |  |
|  |           | ation filing a consolidated return with a 501(c)(2) titleholding corporation   |          | 1  |
|  |           | ed Schedules A (Form 990-T)  |          | Yes X No   |
|  |           | or porture in a case in an an animate si cap or a parameter si cap | <b>L</b> | Yes X No   |
|  |           | d identifying number of the parent corporation. ►  • KAREN A. LEE  Telephone number ► 8  | 110_     | 984-4761   |
|  |           | d Business Taxable Income  | 710-     | 704-4701   |
|  |           | es taxable income computed from all unrelated trades or businesses (see  |          |  |
|  |           | ss taxable income computed from all differenced frades of businesses (see  | 1        | 16,586.  |
| ,  |           |  | 2        | 207000   |
| 3 Add lines 1 and 2  |           |  | 3        | 16,586.  |
|  |           | see instructions for limitation rules)   | 4        | 0.   |
|  |           | taxable income before net operating losses. Subtract line 4 from line 3  | 5        | 16,586.  |
|  |           | ng loss. See instructions  | 6        |  |
|  | •         | ss taxable income before specific deduction and section 199A deduction.  |          |  |
| Subtract line 6 fro  |           |  | 7        | 16,586.  |
| 8 Specific deduction   | n (gener  | rally \$1,000, but see instructions for exceptions)  | 8        | 1,000.   |
|  | -         | duction. See instructions  | 9        |  |
| 10 Total deductions.   | . Add lii | nes 8 and 9  | 10       | 1,000.   |
| 11 Unrelated busine  | ss taxa   | ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,   |          |  |
| enter zero   |           |  | 11       | 15,586.  |
| Part II Tax Com  |           | No. 10 to 10 | _        |  |
| 1 Organizations tax  | cable a   | s corporations. Multiply Part I, line 11 by 21% (0.21)   | 1_       | 3,273.   |
| 2 Trusts taxable at  | trust ra  | ates. See instructions for tax computation. Income tax on the amount on  |          |  |
| Part I, line 11 from   | ):        | Tax rate schedule or Schedule D (Form 1041)  |          |  |
| 3 Proxy tax. See ins   |           |  | 3        |  |
| 4 Other tax amounts  |           |  | 4        |  |
| 5 Alternative minimum  | -         |  | 5        |  |
| The second secon |           | cility income. See instructions  | 6        | 2 172  |
|  | -         | n 6 to line 1 or 2, whichever applies  | 7        | 3 , 273 ·<br>Form <b>990-T</b> (2020)                      |
| LHA For Paperwork F  | Reducti   | on Act Notice, see instructions.   |          | Form 990-1 (2020)  |

|         | 90-T (2  |  |  |                     |                              |  | Pa                      | ige 2     |
|---------|----------|--|--|---------------------|------------------------------|--|-------------------------|-----------|
| Part    |          | Tax and Payments   |  |                     |                              |  |                         |           |
| 1a      | Foreig   | n tax credit (corporations attach Form 1                 | 118; trusts attach Form 1116)                        | 1a                  |                              | _  |                         |           |
| b       |          |  |  |                     |                              |  |                         |           |
| C       |          | al business credit. Attach Form 3800 (se                 |  |                     |                              |  |                         |           |
| d       | Credit   | for prior year minimum tax (attach Form                  | 8801 or 8827)  | 1d                  |                              |  |                         |           |
| е       | Total    | credits. Add lines 1a through 1d                         |  |                     |                              | 1e   |                         |           |
| 2       | Subtra   | act line 1e from Part II, line 7                         |  | <u></u>             |                              | 2  | 3,27                    | <u>3.</u> |
| 3       | Other    | taxes. Check if from: Form 4                             | 255 Form 8611 Form                                   | n 8697              | Form 8866                    |  |                         |           |
|         |          | Other (a   | attach statement)                                    |                     |                              | 3  |                         |           |
| 4       |          | tax. Add lines 2 and 3 (see instructions).               |  |                     |                              |  |                         |           |
|         | sectio   | n 1294. Enter tax amount here                            |  | ▶                   |                              | 4  | 3,27                    |           |
| 5       |          | net 965 tax liability paid from Form 965-A               |  |                     |                              | 5  |                         | <u>0.</u> |
| 6a      | Paym     | ents: A 2019 overpayment credited to 20                  | 020  | 6a                  | 12,161                       |  |                         |           |
| b       | 2020     | estimated tax payments. Check if section                 | n 643(g) election applies 🕨 🗌                        | 6b                  | 4,039                        | •  |                         |           |
| С       | Tax d    | eposited with Form 8868                                  |  | 6c                  |                              |  |                         |           |
| d       |          | n organizations: Tax paid or withheld at                 |  |                     |                              |  |                         |           |
| е       | Backı    | p withholding (see instructions)                         |  | 6e                  |                              |  |                         |           |
| f       |          | for small employer health insurance pre                  |  |                     |                              |  |                         |           |
| g       | Other    | credits, adjustments, and payments:                      | Form 2439  | _                   |                              |  |                         |           |
| _       |          | credits, adjustments, and payments:                      | Other Total  | ▶ 6g                |                              |  |                         |           |
| 7       |          | payments. Add lines 6a through 6g                        |  |                     |                              | 7  | 16,20                   | 0.        |
| 8       | Estima   | ated tax penalty (see instructions). Chec                | k if Form 2220 is attached                           |                     | ▶ □                          | 8  |                         |           |
| 9       |          | ue. If line 7 is smaller than the total of lin           |  |                     | <b>&gt;</b>                  | 9  |                         |           |
| 10      | Overp    | payment. If line 7 is larger than the total              | of lines 4, 5, and 8, enter amount ove               |                     |                              | 10   | 12,92                   | _         |
| 11      |          | the amount of line 10 you want: Credite                  |  |                     | <ul> <li>Refunded</li> </ul> | 11   |                         | 0.        |
| Part    |          | Statements Regarding Certain                             |  |                     |                              |  |                         |           |
| 1       |          | time during the 2020 calendar year, did                  |  |                     |                              |  | Yes                     | No        |
|         |          | financial account (bank, securities, or o                |  |                     |                              |  | 2.0                     |           |
|         | FinCE    | N Form 114, Report of Foreign Bank and                   | d Financial Accounts. If "Yes," enter t              | he name of the      | e foreign country            | <i>'</i>   | 0.000                   |           |
|         | here     |  |  |                     |                              |  |                         | X         |
| 2       |          | the tax year, did the organization receive               |  |                     |                              |  |                         |           |
|         |          | n trust?   |  |                     |                              |  |                         | X         |
|         | If "Yes  | s," see instructions for other forms the o               | rganization may have to file.                        |                     |                              |  |                         |           |
| 3       | Enter    | the amount of tax-exempt interest receive                | red or accrued during the tax year                   |                     | ▶ \$                         |  |                         |           |
| 4a      |          | e organization change its method of acc                  |  |                     |                              |  |                         | X         |
| b       | If 4a is | s "Yes," has the organization described                  | the change on Form 990, 990-EZ, 990                  | )-PF, or Form 1     | 128? If "No,"                |  |                         |           |
|         |          |  |  |                     |                              |  |                         |           |
| Part    |          | Supplemental Information                                 | V 4000 000 000                                       | 2-W 800 0           |                              |  |                         |           |
| Provide | the ex   | planation required by Part IV, line 4b. Al               | so, provide any other additional inforr              | nation. See ins     | structions.                  |  |                         |           |
|         |          |  |  |                     |                              |  |                         |           |
|         | Lie      | der penalties of perjury, I declare that I have examined | this values including accompanying aphodulog an      | d statements, and t | o the best of my know        | ledge and heli   | of it is true           |           |
| Sign    | co       | rect and complete Declaration of preparer (other than    | n taxpayer) is based on all information of which pre | parer has any know  | ledge.                       | rieuge ariu beli   | 61, 10 13 11 10,        |           |
| Here    |          | ( V / / / / /  | 19-17-14 A PREGE                                     | DEM                 | I                            | The state of the s | liscuss this return wit | th        |
| 1010    |          | Cignoture of officer                                     | Date PRESI   | DENT                |                              | the preparer s instructions)?  | hown below (see         | No.       |
|         |          | Signature of officer                                     |  |                     | 0                            | The second second  | A Tes                   | No        |
|         |          | Print/Type preparer's name                               | Preparer's signature                                 | Date                | Check                        | if PTIN  |                         |           |
| Paid    |          |  | WARRING GUARRING                                     | 00/02/0             | self- employe                | 100  | 2210715                 |           |
| Prepa   | rer      | KAREN SHAFIK   |  | 09/23/2             |                              |  | 2348745<br>-1910111     | _         |
| Use C   | nly      | Firm's name ► UHY ADVISORS                               |  |                     | Firm's EIN                   | 38   | -1310111                | <u> </u>  |
|         |          |  | ND AVE, SUITE A                                      |                     | Dhara ar                     | 010 0  | 84-3829                 |           |
|         |          | Firm's address PORT HURON                                | . MT 40000   |                     | i Prione no.                 | OTO-A  | 04-2043                 |           |

Department of the Treasury

Name of the organization

Internal Revenue Service

B Employer identification number

1

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

COMMUNITY FOUNDATION OF

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Unrelated Business Taxable Income** 

From an Unrelated Trade or Business

Open to Public Inspection for 501(c)(3) Organizations Only

|          | ST. CLAIR COUNTY   |       |  | 38-18                                   | 372132     |                   |
|----------|--|-------|--|---|------------|-------------------|
| С        | Unrelated business activity code (see instructions) > 90009  | 9     |  | D Sequenc                               | e: 1       | of 1              |
| E        | Describe the unrelated trade or business ►INVESTMENT I   | N RE  | EAL ESTATE IN                                    | ESTMENT                                 | TRUST      | 1                 |
| Pa       | irt I Unrelated Trade or Business Income   |       | (A) Income                                       | (B) Expens                              | es         | (C) Net           |
| 1 a      | Gross receipts or sales  |       |  |   |            |                   |
| b        |  | 1c    |  | 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |            |                   |
| 2        | Cost of goods sold (Part III, line 8)  | 2     |  |   |            |                   |
| 3        | Gross profit. Subtract line 2 from line 1c   | 3     |  |   |            |                   |
| 4 a      | Capital gain net income (attach Sch D (Form 1041 or Form   |       |  |   |            |                   |
|          | 1120)) (see instructions)  | 4a    | 0.   |   |            |                   |
| b        | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)  | 4b    |  |   |            |                   |
| c        |  | 4c    |  |   |            |                   |
| 5        | Income (loss) from a partnership or an S corporation (attach   |       | 12 June 2 10 10 10 10 10 10 10 10 10 10 10 10 10 |   |            |                   |
|          | statement) STATEMENT 1   | 5     | 35,662.  |   |            | 35,662.           |
| 6        | Rent income (Part IV)  | 6     |  |   |            |                   |
| 7        | Unrelated debt-financed income (Part V)  | 7     |  |   |            |                   |
| 8        | Interest, annuities, royalties, and rents from a controlled  |       |  |   |            |                   |
|          | organization (Part VI)   | 8     |  |   |            |                   |
| 9        | Investment income of section 501(c)(7), (9), or (17)   |       |  |   |            |                   |
|          | organizations (Part VII)   | 9     |  |   |            |                   |
| 10       | Exploited exempt activity income (Part VIII)   | 10    |  |   |            |                   |
| 11       | Advertising income (Part IX)   | 11    |  |   |            |                   |
| 12       | Other income (see instructions; attach statement)  | 12    | 25 660   |   |            | 25 662            |
| 13       | Total. Combine lines 3 through 12  | 13    | 35,662.  |   |            | 35,662.           |
| Pa       | Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in          | come  |  |   | luctions r | must be           |
| 1        | Compensation of officers, directors, and trustees (Part X)   |       |  |   | 1          | 10.010            |
| 2        | Salaries and wages   |       |  |   | 2          | 10,218.           |
| 3        | Repairs and maintenance  |       |  |   | 3          |                   |
| 4        | Bad debts  |       |  |   | 4          |                   |
| 5        | Interest (attach statement) (see instructions)   |       |  |   | 5          | 197.              |
| 6        | Taxes and licenses   |       |  |   | 6          | 137.              |
| 7        | Depreciation (attach Form 4562) (see instructions)   | ••••• | 7  |   | - 100      |                   |
| 8        | Less depreciation claimed in Part III and elsewhere on return  |       |  |   | 8b         |                   |
| 9        | Depletion  |       |  |   | 9          |                   |
| 10       | Contributions to deferred compensation plans   |       |  |   | 11         | 2,971.            |
| 11       | Employee benefit programs  |       |  |   | 12         | 2,511.            |
| 12       | Excess exempt expenses (Part VIII)   |       |  |   | 13         |                   |
| 13       | Excess readership costs (Part IX) Other deductions (attach statement)                                      |       | SEE STATE  | MENT 2                                  | 14         | 5,690.            |
| 14       |  |       |  |   | 15         | 19,076.           |
| 15<br>16 | Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. Su |       | line 15 from Part I, line 13                     |   | 13         | 22/0/00           |
| 16       |  |       |  |   | 16         | 16,586.           |
| 17       | column (C)  Deduction for net operating loss (see instructions)  |       |  |   | 17         | 0.                |
| 17<br>18 | Unrelated business taxable income. Subtract line 17 from line 16   |       |  |   | 18         | 16,586.           |
| 10       | Uniterated publices taxable income. Subtract line 17 Horn line 10  |       | •••••  |   |            | /Form 000 T) 2020 |

| Part     | III Cost of Goods Sold Enter meth                          | od of inventory valuation | nn 🕨                                    |               |           |
|----------|--|---------------------------|---|---------------|-----------|
|          |  |                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1             |           |
| 1        | Inventory at beginning of year Purchases                   |                           |   |               |           |
| 2        |  |                           |   |               |           |
| 3        | Cost of labor  |                           |   |               |           |
| 4        | Additional section 263A costs (attach statement)           |                           |   |               |           |
| 5        | Other costs (attach statement)                             |                           |   |               |           |
| 6        | Total. Add lines 1 through 5                               |                           |   |               |           |
| 7        | Inventory at end of year                                   |                           |   |               |           |
| 8        | Cost of goods sold. Subtract line 7 from line 6. Enter h   |                           |   |               | Yes No    |
| 9        | Do the rules of section 263A (with respect to property p   | Porsonal Propert          | r resale) apply to the c                | al Property)  | . 100 110 |
| Part     |  |                           |   |               |           |
| 1        | Description of property (property street address, city, st | ate, ZIP code). Check i   | r a dual-use (see msuc                  | ictions)      |           |
|          | A  |                           |   |               |           |
|          | В  |                           |   |               |           |
|          | c  |                           |   |               |           |
|          | D [  |                           |   | •             |           |
|          |  | A                         | В                                       | С             | D         |
| 2        | Rent received or accrued                                   |                           |   |               |           |
| а        | From personal property (if the percentage of               |                           |   |               |           |
|          | rent for personal property is more than 10%                |                           |   |               |           |
|          | but not more than 50%)                                     |                           |   |               |           |
| b        | From real and personal property (if the                    |                           |   |               |           |
|          | percentage of rent for personal property exceeds           |                           |   |               |           |
|          | 50% or if the rent is based on profit or income)           |                           |   |               |           |
| C        | Total rents received or accrued by property.               |                           |   |               |           |
|          | Add lines 2a and 2b, columns A through D                   |                           |   |               |           |
|          |  |                           |   |               |           |
| 3        | Total rents received or accrued. Add line 2c columns A     | through D. Enter here     | and on Part I, line 6, co               | olumn (A)     | 0.        |
|          | Deductions directly connected with the income              |                           |   |               |           |
| 4        | in lines 2(a) and 2(b) (attach statement)                  |                           |   |               |           |
|          |  |                           |   |               | _         |
| 5        | Total deductions. Add line 4 columns A through D. En       | ter here and on Part I, I | ine 6, column (B)                       | <b>&gt;</b>   | 0.        |
| Part     |  |                           |   |               |           |
| 1        | Description of debt-financed property (street address, c   | ity, state, ZIP code). Ch | neck if a dual-use (see                 | instructions) |           |
|          | Α  |                           |   |               |           |
|          | В  |                           |   |               |           |
|          | c 🗆  |                           |   |               |           |
|          | D  |                           |   |               |           |
|          |  | Α                         | В                                       | С             | D         |
| 2        | Gross income from or allocable to debt-financed            |                           |   |               |           |
|          | property   |                           |   |               |           |
| 3        | Deductions directly connected with or allocable            |                           |   |               |           |
|          | to debt-financed property                                  |                           |   |               |           |
| а        | Straight line depreciation (attach statement)              |                           |   |               |           |
| b        | Other deductions (attach statement)                        |                           |   |               |           |
| c        | Total deductions (add lines 3a and 3b,                     |                           |   |               |           |
|          | columns A through D)                                       |                           |   |               |           |
| 4        | Amount of average acquisition debt on or allocable         |                           |   |               |           |
| ,        | to debt-financed property (attach statement)               |                           |   |               |           |
| 5        | Average adjusted basis of or allocable to debt-            |                           |   |               |           |
| ·        | financed property (attach statement)                       |                           |   |               |           |
| 6        | Divide line 4 by line 5                                    | %                         | %                                       | %             | %         |
|          | Gross income reportable. Multiply line 2 by line 6         | ,,                        |   |               |           |
| 7<br>8   | Total gross income (add line 7, columns A through D).      | Enter here and on Par     | t I. line 7. column (A)                 | •             | 0.        |
| 0        | rotal gross income (add line 1, coldinas A though b).      | Hore and on r al          | ., , оогани ү у                         |               |           |
| 9        | Allocable deductions. Multiply line 3c by line 6           |                           |   |               |           |
|          | Total allocable deductions. Add line 9, columns A thr      | ough D. Enter here and    | on Part I, line 7, colur                | nn (B)        | 0.        |
| 10<br>11 | Total dividends-received deductions included in line       |                           |   |               | 0.        |
|          | . C.                   |                           |   |               |           |

| Part V   | Interest, Annu                               | ities, R   | yalties, and Re      | nts fron                                | n Control                       | ed Or    | ganizations             | 3 (se            | ee instruct         | ions)    |                        | . age c                             |
|----------|--|------------|----------------------|---|---------------------------------|----------|-------------------------|------------------|---------------------|----------|------------------------|-------------------------------------|
|          |  |            |                      |   |                                 |          | xempt Contro            |                  | ganization          | IS       |                        |                                     |
|          | 1. Name of controlled                        | d          | 2. Employer 3. N     |   | Net unrelated 4. Tota           |          |                         |                  | art of colu         |          | 6. Deductions directly |                                     |
|          | organization                                 |            | identification       | 400000000000000000000000000000000000000 | ne (loss)                       | payn     | nents made              |                  | included oling orga |          |                        | connected with                      |
|          |  |            | number               | (see ins                                | tructions)                      |          |                         |                  | gross inc           | ome      | ınc                    | come in column 5                    |
| (1)      |  |            |                      |   | 0.                              |          | 0.                      |                  |                     | 0.       |                        | 0.                                  |
| (2)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
| (3)      |  |            |                      |   |                                 |          |                         |                  |                     | _        |                        |                                     |
| (4)      |  |            | New                  |   | )tll-d O-                       | !        |                         |                  |                     |          | -                      |                                     |
|          | Taxable Income                               | 0.1        | Not unrelated        |   | Controlled Or<br>otal of specif |          | 10. Part                | of colu          | mn 9                | 11       | Dec                    | ductions directly                   |
| 7.       | axable income                                |            | come (loss)          |   | yments mad                      |          | that is inc             | luded            | in the              |          |                        | nected with                         |
|          |  | 5.00       | e instructions)      |   | ymorno maa                      |          | controlling             | organiz<br>incom |                     | in       | com                    | e in column 10                      |
| (1)      |  | •          |                      |   |                                 |          | gross                   | 1110011          |                     |          |                        |                                     |
| (2)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
| (3)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
| (4)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
|          |  |            |                      |   |                                 |          | Add colum               |                  |                     |          | 500 F. F.              | lumns 6 and 11.                     |
|          |  |            |                      |   |                                 |          | Enter here<br>line 8, c |                  |                     |          |                        | ere and on Part I,<br>8, column (B) |
|          |  |            |                      |   |                                 |          | 11116 0, 0              | Joidinii         | _                   |          |                        |                                     |
| Totals _ |  |            |                      | 4 ( ) ( ) ( )                           | o) (43)                         | <u></u>  |                         | 79-2             | 0.                  |          |                        | 0.                                  |
| Part V   |  |            | of a Section 50      | 1(c)(7), (                              |                                 |          |                         |                  |                     |          | L                      | 5. Total deductions                 |
|          | <b>1.</b> Desc                               | ription of | income               |   | 2. Amou incon                   |          | 3. Deduction            |                  | 4. Set-             | asides   |                        | and set-asides                      |
|          |  |            |                      |   |                                 |          | (attach state           |                  | (attaon o           |          | ,                      | (add cols 3 and 4)                  |
| (1)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
| (2)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
| (3)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
| (4)      |  |            |                      |   |                                 |          |                         |                  |                     |          |                        | -                                   |
|          |  |            |                      |   | Add amou                        |          |                         |                  |                     |          |                        | Add amounts in                      |
|          |  |            |                      |   | column 2.                       |          |                         |                  |                     |          |                        | column 5. Enter here and on Part I, |
|          |  |            |                      |   | line 9, colu                    |          |                         |                  | E 11                |          |                        | line 9, column (B)                  |
| Totals   |  |            |                      | <b></b>                                 |                                 | 0.       |                         |                  |                     |          |                        | 0.                                  |
| Part V   |  |            | ctivity Income,      | Other T                                 | han Adve                        | ertising | Income                  | see ins          | structions          | <u> </u> |                        |                                     |
|          | Description of exploite                      |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
|          | Gross unrelated busing                       |            |                      |   |                                 |          |                         |                  |                     | 2        |                        |                                     |
|          | Expenses directly con                        |            |                      |   |                                 |          |                         |                  |                     | ا ۾ ا    |                        |                                     |
| li a     | ine 10, column (B)<br>Net income (loss) from | uppolete d | trade or husiness. S | Subtract En                             | o 3 from line                   |          | nain complete           |                  |                     | 3        |                        |                                     |
|          |  |            |                      |   |                                 |          |                         |                  |                     | 4        |                        |                                     |
|          | ines 5 through 7<br>Gross income from act    |            |                      |   |                                 |          |                         |                  |                     | 5        |                        | 100 - V - 210 - L                   |
|          | Expenses attributable                        |            |                      |   |                                 |          |                         |                  |                     | 6        |                        |                                     |
|          | Excess exempt expens                         |            |                      |   |                                 |          |                         |                  |                     |          |                        |                                     |
|          | I. Enter here and on P                       |            |                      |   |                                 |          |                         |                  |                     | 7        |                        |                                     |

| FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS                        | STATEMENT 1             |
|---|-------------------------|
| DESCRIPTION   | NET INCOME<br>OR (LOSS) |
| JCR COMMERCIAL REAL ESTATE FINANCE FUND IIIB9Q), LP - INTEREST INCOME | 10,353.                 |
| HARBERT UNITED STATES REAL ESTATE FUND V, LP - INTEREST INCOME        | 25,309.                 |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5                          | 35,662.                 |
|   |                         |
| FORM 990-T (A) OTHER DEDUCTIONS                                       | STATEMENT 2             |
| DESCRIPTION   | AMOUNT                  |
| INVESTMENT ADVISOR TAX RETURN PREP                                    | 3,290.<br>2,400.        |
| TOTAL TO SCHEDULE A, PART II, LINE 14                                 | 5,690.                  |

## Form 4562

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Business or activity to which this form relates COMMUNITY FOUNDATION OF 38-1872132 ST. CLAIR COUNTY FORM 990 PAGE 10 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000. 1 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,590,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 ..... 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 62,687 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2020 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property 3-year property 19a 5-year property b 7-year property 10-year property 15-year property e 20-year property f 25 yrs. S/L 25-year property g MM S/L 27.5 yrs. h Residential rental property MM S/L 27.5 yrs. MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12 yrs. 12-year b 30 yrs. MM S/L 30-year C 40 yrs. MM S/L 40-year Part IV | Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 ..... 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

62,687.

22

23

38-1872132 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes No Yes (c) (i) (e) (f) (d) (g) (a) Type of property (list vehicles first) Date Elected Business/ Basis for depreciation Depreciation Recovery Method/ Cost or (business/investment section 179 placed in investment period Convention deduction other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -% 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (b) (c) (d) (e) (a) Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a)
Description of costs (d) Code section (e) (f) (b) (c) nortizat amount period or percentage begins 42 Amortization of costs that begins during your 2020 tax year: 43 Amortization of costs that began before your 2020 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44 Form 4562 (2020) 016252 12-18-20

| Schedule K-1 (Form 1065) Department of the Treasury Internal Revenue Service For caler | <b>2020</b><br>dar year 2020, or tax year | F                | Final K-1 Amend<br>Part III Partner's Share<br>Deductions, Cre | of (         |                                |
|--|---|------------------|--|--------------|--------------------------------|
| beginning ending Partner's Share of Income, Deductions,                                |   | 1                | Ordinary business income (loss)                                | <b>15</b> C  | redits                         |
|  | parate instructions.                      | 2                | Net rental real estate income (loss)                           |              |                                |
| Part I Information About the Partnership   |   |                  | -24,681.   |              | oreign transactions            |
| A Partnership's employer identification number   |   | 3                |  | AA           | 286,976.                       |
| 30-0735541   |   |                  |  | AB           | 93,664.                        |
| B Partnership's name, address, city, state, and ZIP code                               |   | 4a               | Guaranteed payments for services                               | AC           | 38,175.                        |
| HARBERT UNITED STATES REAL   |   |                  |  | AD           | 37,626.                        |
| ESTATE FUND V, LP  |   | 4b               | Guaranteed payments for capital                                |              |                                |
| P.O. BOX 1297  |   | _                |  |              |                                |
| BIRMINGHAM, AL 35201   |   | 4c               | Total guaranteed payments                                      | Ш            |                                |
| C IRS Center where partnership filed return ▶  |   | _                |  | 17 A         | Iternative min tax (AMT) items |
| E-FILE   |   | 5                | Interest income  | Ш            |                                |
| D Check if this is a publicly traded partnership (PTP)                                 |   | _                | 61.  | Ш            |                                |
| Part II Information About the Partner  |   | 6a               | Ordinary dividends   | ш            |                                |
| E Partner's SSN or TIN (Do not use TIN of a disregarded entity. S                      | ee instructions.)                         |                  |  | 100000       | ax-exempt income and           |
| 38-1872132   |   | 6b               | Qualified dividends  |              | ondeductible expenses          |
| F Name, address, city, state, and ZIP code for partner entered in E                    |   |                  |  | C*           | STMT                           |
| COMMUNITY FOUNDATION OF ST. CL   | AIR                                       | 6c               | Dividend equivalents   |              |                                |
| COUNTY   |   |                  |  |              |                                |
| 500 WATER STREET   |   | 7                | Royalties  | 19 🛭         | Distributions                  |
| PORT HURON, MI 48060   |   |                  |  | A            | 176,493.                       |
|  | partner or other LLC                      | 8                | Net short-term capital gain (loss)                             |              |                                |
| member-manager membe   |   |                  |  | 20 C         | Other information              |
| H1 X Domestic partner Foreign  | partner                                   | 9a               | Net long-term capital gain (loss)                              | A            | 61.                            |
| H2 If the partner is a disregarded entity (DE), enter the partne                       | r's:                                      |                  | 10,819.  | N            | 55,578.                        |
| TIN Name   |   | 9b               | Collectibles (28%) gain (loss)                                 | V            | 25,309.                        |
| I1 What type of entity is this partner? CORPORATION                                    |   |                  | 900 (400/00)   | $\mathbf{z}$ | * STMT                         |
| 12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check                    | here                                      | 9c               | Unrecaptured section 1250 gain                                 | AG           | * 286,976.                     |
| J Partner's share of profit, loss, and capital:  |   |                  |  |              |                                |
|  | ding                                      | 10               | Net section 1231 gain (loss)                                   |              |                                |
| Profit 0.3420029%  | 0.4708953%                                |                  | 44,260.  |              |                                |
|  | 0.4708953%                                | 11               | Other income (loss)  |              |                                |
|  | 0.4299575%                                | I                | 1,413.   |              |                                |
| Check if decrease is due to sale or exchange of partnership inte                       | rest                                      |                  |  |              |                                |
| K Partner's share of liabilities:  |   |                  |  |              |                                |
| Beginning  | Ending                                    | 12               | Section 179 deduction  |              |                                |
| Nonrecourse \$ 29,950.   | 36,137.                                   |                  |  |              |                                |
| Qualified nonrecourse  | · · · · · · · · · · · · · · · · · · ·     | 13               | Other deductions   |              |                                |
| financing  | 1,300,611.                                | W                | 1,655.   |              |                                |
| Recourse\$ 0.\$  | 0.  |                  |  |              |                                |
| X Check this box if Item K includes liability amounts from lo                          | wer tier partnerships.                    |                  |  |              |                                |
| L Partner's Capital Account Analysis   |   | 14               | Self-employment earnings (loss)                                |              |                                |
| SEE STATEMENT  |   |                  | 1  |              |                                |
| Beginning capital account \$   | 575,072.                                  |                  |  |              |                                |
| Capital contributed during the year \$   | 1,808.                                    | 21               | X More than one activity for a                                 | t-risk p     | ourposes*                      |
| Current year net income (loss)   |   |                  | X More than one activity for p                                 |              |                                |
| Other increase (decrease) (attach explanation)\$                                       |   |                  | See attached statement for ad                                  |              |                                |
| Withdrawals & distributions \$(  | 176,493.)                                 |                  |  |              |                                |
| Ending capital account \$  | 430,598.                                  | =                |  |              |                                |
| M Did the partner contribute property with a built-in gain or loss?                    |   | ō                |  |              |                                |
| Yes X No If "Yes," attach statement. See instruc                                       | tions.                                    | Use              |  |              |                                |
| N Partner's Share of Net Unrecognized Section 704(c)                                   |   | For IRS Use Only |  |              |                                |
| Beginning \$   | Call of (E000)                            | <u>-</u>         |  |              |                                |
| Fording \$   |   | <u>"</u>         |  |              |                                |

| SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C                                |   |
|--|---|
| DESCRIPTION PARTNER FILING INSTRUCTIONS  | AMOUNT                                      |
| MEALS & ENTERTAINMENT PASSTHROUGH NONDEDUCTIBLES                                   | 2.<br>4.                                    |
| TOTAL TO SCHEDULE K-1, BOX 18, CODE C  | 6.  |
| SCHEDULE K-1 SECTION 199A INFORMATION, BOX 20, CODE Z                              |   |
| DESCRIPTION  | AMOUNT                                      |
| RENTAL INCOME (LOSS) SECTION 1231 GAIN (LOSS) W-2 WAGES UNADJUSTED BASIS OF ASSETS | -13,986.<br>44,229.<br>8,342.<br>1,633,755. |
| SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 20, CODE AG                    |   |
|  |   |
| DESCRIPTION PARTNER FILING INSTRUCTIONS  | AMOUNT                                      |
| GROSS RECEIPTS - CURRENT YEAR SEE IRS SCH. K-1 INSTRUCTIONS                        | 286,976.                                    |
| TOTAL TO SCHEDULE K-1, LINE 20 AG  | 286,976.                                    |

| SCHEDULE K-1 | CURRENT |      |       |          |      | AND |
|--------------|---------|------|-------|----------|------|-----|
|              | OTHER   | INCR | EASES | S(DECREA | SES) |     |

| DESCRIPTION   | AMOUNT  | TOTALS  |
|---|---|---------|
| RENTAL REAL ESTATE INCOME (LOSS) INTEREST INCOME LONG-TERM CAPITAL GAIN (LOSS) SECTION 1231 GAIN (LOSS) OTHER INCOME (LOSS) | -24,681.<br>61.<br>10,819.<br>44,260.<br>1,413. |         |
| SCHEDULE K-1 INCOME SUBTOTAL  |   | 31,872. |
| OTHER DEDUCTIONS<br>NONDEDUCTIBLE EXPENSES  | -1,655.<br>-6.                                  |         |
| SCHEDULE K-1 DEDUCTIONS SUBTOTAL  |   | -1,661. |
| NET INCOME (LOSS) PER SCHEDULE K-1  |   | 30,211. |

| SCHEDULE K-1 | ITEM L. | PARTNER'S | CAPITAL | ACCOUNT | ANALYSIS |
|--------------|---------|-----------|---------|---------|----------|
| DCHEDOLL K I |         | ******    |         |         |          |

BEGINNING CAPITAL ACCOUNT METHOD USED - MODIFIED OUTSIDE BASIS

| SCHEDULE K-1 | FOOTNOTES |
|--------------|-----------|

LINE 13, CODE W, OTHER DEDUCTIONS: INTEREST EXPENSE ON DEBT FINANCED DISTRIBUTION FROM:

| AHMC BARKER CYPRESS, | LLLP | 907. |
|----------------------|------|------|
| HENDON NORTH DEKALB, |      | 287. |
| HARBERT MSB PARTNERS |      | 460. |

INFORMATION FOR NET INVESTMENT INCOME TAX UNDER IRC SECTION 1411:

ALL ITEMS REPORTED ON YOUR SCHEDULE K-1 ARE FROM VARIOUS RENTAL REAL ESTATE PARTNERSHIPS. RENTS FROM REAL ESTATE ARE PER SE PASSIVE UNDER IRC SECTION 469 FOR MOST PARTNERS. PLEASE CONSULT YOUR TAX ADVISOR. REAL ESTATE PROFESSIONALS PLEASE CONSULT YOUR TAX ADVISOR TO DETERMINE IF ANY OF THE FUND'S RENTAL REAL ESTATE INCOME (LOSS) MAY BE TREATED AS NONPASSIVE.

172,918.

#### FOR TAX-EXEMPT INVESTORS ONLY:

SCHEDULE K-1, BOX 20, CODE V, REPRESENTS UNRELATED BUSINESS TAXABLE INCOME AND UNRELATED DEBT-FINANCED INCOME. IF YOU ARE A "QUALIFIED ORGANIZATION" AS DEFINED BY IRC SECTION 514(C)(9)(C), A PORTION OF THE UNRELATED DEBT-FINANCED INCOME MAY BE EXCLUDED FROM YOUR TAXABLE INCOME. PLEASE CONTACT US FOR DETAIL AND CONSULT YOUR TAX ADVISOR FOR TREATMENT OF THIS INCOME.

#### LINE 20, CODE V, UNRELATED BUSINESS TAXABLE INCOME:

UNRELATED DEBT-FINANCED INCOME: GROSS RENTAL RE INCOME

| UNRELATED DEBT-FINANCED INCOME: RENTAL RE EXPENSES UNRELATED DEBT-FINANCED INCOME: 1231 GAIN (LOSS) UNRELATED DEBT-FINANCED INCOME: INTEREST INCOME UNRELATED DEBT-FINANCED INCOME: NET LTCG UNRELATED DEBT-FINANCED INCOME: OTHER INCOME  | -185,851.<br>38,069.<br>53.<br>106.<br>14.                     |
|--|--|
| TOTAL UNRELATED BUSINESS TAXABLE INCOME:   | 25,309.  |
| UNRELATED DEBT-FINANCED INCOME: SECTION 1250 GAIN  | 17,532.  |
| STATE APPORTIONMENT DATA:  |  |
| AVERAGE PROPERTY WITHIN ARIZONA AVERAGE PROPERTY WITHIN CALIFORNIA   | 452,294.<br>103,717.   |
| AVERAGE PROPERTY WITHIN GEORGIA  | 364,392.<br>235,869.   |
| AVERAGE PROPERTY WITHIN OHIO AVERAGE PROPERTY WITHIN TEXAS   | 700,637.   |
| AVERAGE PROPERTY WITHIN UTAH   | 401,248.   |
| AVERAGE ACCUMULATED DEPRECIATION WITHIN ARIZONA AVERAGE ACCUMULATED DEPRECIATION WITHIN CALIFORNIA AVERAGE ACCUMULATED DEPRECIATION WITHIN GEORGIA AVERAGE ACCUMULATED DEPRECIATION WITHIN OHIO AVERAGE ACCUMULATED DEPRECIATION WITHIN TEXAS AVERAGE ACCUMULATED DEPRECIATION WITHIN UTAH | 42,501.<br>12,925.<br>49,572.<br>25,672.<br>98,374.<br>38,806. |
| RENT EXPENSE (MULTIPLIED BY 8) WITHIN UTAH   | 637.   |
| PAYROLL WITHIN ARIZONA PAYROLL WITHIN CALIFORNIA PAYROLL WITHIN OHIO PAYROLL WITHIN TEXAS PAYROLL WITHIN UTAH  | 1,131.<br>486.<br>2,390.<br>3,239.<br>1,096.                   |
| GROSS RENTAL INCOME WITHIN ARIZONA GROSS RENTAL INCOME WITHIN CALIFORNIA GROSS RENTAL INCOME WITHIN GEORGIA GROSS RENTAL INCOME WITHIN OHIO GROSS RENTAL INCOME WITHIN TEXAS GROSS RENTAL INCOME WITHIN UTAH   | 43,446.<br>11,695.<br>26,410.<br>32,946.<br>72,795.<br>42,826. |

|   | 50 0755541                        |
|---|-----------------------------------|
| INTEREST INCOME WITHIN ALABAMA INTEREST INCOME WITHIN ARIZONA INTEREST INCOME WITHIN CALIFORNIA INTEREST INCOME WITHIN GEORGIA INTEREST INCOME WITHIN OHIO INTEREST INCOME WITHIN TEXAS INTEREST INCOME WITHIN UTAH | 0.<br>1.<br>1.<br>8.<br>51.<br>0. |
| SALE PROCEEDS ON SALE OF REAL PROPERTY WITHIN ARIZONA   | 260,641.                          |
| NET 1231 GAIN ON SALE OF ASSETS WITHIN ARIZONA  | 44,566.                           |
| SALE PROCEEDS ON SALE OF INVESTMENTS WITHIN GEORGIA   | 85,399.                           |
| NET GAIN ON SALE OF INVESTMENTS WITHIN GEORGIA  | 11,571.                           |
| MISCELLANEOUS INCOME WITHIN ARIZONA   | 1,413.                            |

AMOUNTS INCLUDED AT SCHEDULE K1, LINE 20Z INCLUDE ITEMS OF INCOME OR DEDUCTION THAT MAY BE SUBJECT TO ADDITIONAL LIMITATIONS AND ADJUSTMENT ON INDIVIDUAL RETURNS INCLUDING A) PARTIAL OR COMPLETE EXCLUSION OF CERTAIN ITEMS CURRENTLY INCLUDED IN QBI, OR B) THE INCLUSION OF ADDITIONAL ITEMS REPORTED ELSEWHERE ON SCHEDULE K1. THESE ADJUSTMENTS MUST BE CONSIDERED INDIVIDUALLY IN DETERMINING QUALIFIED BUSINESS INCOME FOR THE PURPOSES OF SECTION 199A DEDUCTIONS. PLEASE CONSULT YOUR TAX ADVISOR.

ITEMS INCLUDED ON SCHEDULE K1 LINE, 20Z ARE FROM SEPARATE TRADES OR BUSINESSES THAT HAVE NOT BEEN AGGREGATED UNDER THE PROVISIONS OF REG. 1.199A-4. DETAILS OF THE QBI COMPONENTS OF THESE SEPARATE TRADE OR BUSINESS ACTIVITIES IS PROVIDED TO YOU IN ATTACHED ACTIVITY SCHEDULES.

THE TAX CUTS AND JOBS ACT OF 2017 ENACTED IRC SEC. 163(J) THAT LIMITS THE DEDUCTIBILITY OF BUSINESS INTEREST EXPENSE. HOWEVER, IRC SECTION 163(J) ALLOWS CERTAIN EXCEPTED BUSINESSES TO OPT OUT OF THIS LIMITATION. THE FOLLOWING BUSINESSES HAVE ELECTED OUT OF THE 163(J) LIMITATION AS A REAL PROPERTY TRADE OR BUSINESS:

HARBERT UNITED STATES REAL ESTATE FUND V, L.P. WESTHEIMER OFFICE PARTNERS, LLLP AHMC BARKER CYPRESS, LLLP HENDON NORTH DEKALB, LLC HARBERT RAINIER SOUTHPARK MEADOWS HOLDINGS, LLC HARBERT MSB PARTNERS, LLC TEMPE DIABLO, LLC HM SKY HARBOR, LLC FEICA/HOILY HALL, LLC CVG PARTNERS IV, LLC WILLOW CREEK SD, LLC

30-0735541

GAINS REPORTED AT SCHEDULE K, LINE 9(A) ARISE FROM DISPOSITIONS OF PROPERTY WITH A HOLDING PERIOD OF GREATER THAN THREE YEARS. AS SUCH, GAINS ARE REPORTED AS LONG-TERM WITH RESPECT TO ANY APPLICABLE PARTNERSHIP INTEREST UNDER IRC SECTION 1061(C).

LINE 11, CODE I, OTHER INCOME:
LOAN GUARANTEE FEE FROM CYPRESS FOUNTAINHEAD, LLC

| Schedule K-1   | 2020   |            | Final K-1  | Amend                        |          |  |
|--|--|------------|--|------------------------------|----------|--|
| (Form 1065) Department of the Treasury                           |  | Pa         |  |                              |          | Current Year Income,   |
| Internal Revenue Service   | For calendar year 2020, or tax year  |            |  |                              | T        | s, and Other Items   |
| beginning  | ending   | 10         | rdinary busi   | ness income (loss)           | 15 c     | Credits  |
| Partner's Share of Income, Deduction                             | Face and the second sec |            |  | 13,816.                      | -        |  |
| Credits, etc.  Part I Information About the Part                 | See separate instructions.   | 1 2 Ne     |  | state income (loss) -33,845. | 16.5     | oreign transactions  |
| A Partnership's employer identification number                   | nersnip  | 3.0        |  | tal income (loss)            | AA       | 5,914.   |
| 46-5513078   |  | ľĭ         | trier riet rerii   | tai income (ioss)            | AB       | 4,625.   |
| B Partnership's name, address, city, state, and ZIP co           | ode  | 4a Gu      | uaranteed pay  | ments for services           |          |  |
| JCR COMMERCIAL REAL ESTA   |  |            |  |                              |          |  |
| IIIB(Q), LP  |  | 4b G       | uaranteed p  | ayments for capital          |          |  |
| 1225 17TH STREET, SUITE  | 1660   |            |  | 75                           |          |  |
| DENVER, CO 80202   |  | 4c T       | otal guarante  | eed payments                 |          |  |
| C IRS Center where partnership filed return                      |  |            |  |                              | 17 △     | Alternative min tax (AMT) items  |
| E-FILE   |  | 5 In       | terest incon   |                              |          |  |
| D Check if this is a publicly traded partnership (               |  | -          |  | 2,963.                       |          |  |
| Part II Information About the Part                               | 17.17(0)   | 6a O       | rdinary divid  | lends                        | 10 -     |  |
| E Partner's SSN or TIN (Do not use TIN of a disregard 38–1872132 | ded entity. See instructions.)   | Sh o       | ualified divid   | landa                        |          | ax-exempt income and condeductible expenses  |
| F Name, address, city, state, and ZIP code for partner           | entered in F. See instructions   | <b>-</b> 1 | ualified divid   | ienas                        | C*       | 3.   |
| COMMUNITY FOUNDATION OF  |  | 6c Di      | ividend equi   | ivalente                     |          |  |
| COUNTY   |  | ا ت        | ivideria equi  | valerits                     |          |  |
| 1411 3RD STREET, 4TH FLO   | OR   | 7 R        | oyalties   |                              | 19 [     | Distributions  |
| PORT HURON, MI 48060   |  |            | -,   |                              | A        | 209,383.   |
|  | X Limited partner or other LLC   | 8 N        | et short-tern  | n capital gain (loss)        |          |  |
| member-manager   | member   |            |  |                              | 20 0     | Other information  |
| H1 X Domestic partner  | Foreign partner  | 9a N       | et long-term   | capital gain (loss)          | A_       | 2,963.   |
| H2 If the partner is a disregarded entity (DE), ent              | er the partner's:  |            |  | 5,455.                       | N        | 19,010.  |
| TIN Name   |  | 9b C       | ollectibles (2   | 28%) gain (loss)             | V        | * 10,353.  |
| I1 What type of entity is this partner? EXEMPT                   |  |            |  |                              | Z        | * STMT<br>* 141 597.   |
| 12 If this partner is a retirement plan (IRA/SEP/Keogh/          | etc.), check here  | 9c U       | nrecaptured  |                              | AG       | * 141,597.   |
| J Partner's share of profit, loss, and capital:                  | Ending   | 10         |  | 7,160.                       | -        |  |
|  | 0.7952135%   | I IO N     | et section 1:  | 231 gain (loss)<br>67,757.   |          |  |
| Profit 0.5510115% Loss 0.5510115%                                | 0.7952135%   | 11.0       | ther income  |                              |          |  |
| Capital 0.8326205%   | 0.8334455%   | I*Ĭ        | trier income   | 138.                         |          |  |
| Check if decrease is due to sale or exchange of part             |  |            |  |                              |          |  |
| K Partner's share of liabilities:                                |  |            |  |                              |          |  |
| Beginning  | Ending   | 12 S       | ection 179 c   | leduction                    |          |  |
| Nonrecourse \$ 211,883   | . \$ 156,476   |            |  |                              |          |  |
| Qualified nonrecourse  |  |            | ther deducti   |                              |          |  |
| financing  | . \$ 989,520   |            |  | 39.                          |          |  |
| Recourse \$  |  | W*         |  | STMT                         |          |  |
| X Check this box if Item K includes liability amo                |  | 1          |  |                              | minus    |  |
| L Partner's Capital Account A                                    | analysis   | 14 Se      | elf-employm  | ent earnings (loss)          |          |  |
| SEE STATEMENT  | \$ 477,850   | $\vdash$   |  |                              |          |  |
| Beginning capital account Capital contributed during the year    |  | 21         | More ti  | han one activity for a       | t-rick i | nurnosas*  |
| Current year net income (loss)                                   |  | - T        | The same of the sa | han one activity for p       |          | Communication of the Communica |
| Other increase (decrease) (attach explanation)                   |  | -          |  | d statement for a            |          |  |
| Withdrawals & distributions                                      |  |            |  |                              |          |  |
| Ending capital account   |  |            |  |                              |          |  |
| M Did the partner contribute property with a built-in g          |  |            |  |                              |          |  |
| Yes X No If "Yes," attach statement                              | See instructions.  | IRS Use    |  |                              |          |  |
| N Partner's Share of Net Unrecognized Sec                        |  | Ę          |  |                              |          |  |
| Beginning  | \$   | For        |  |                              |          |  |
| Endina   | S  | 1          |  |                              |          |  |

| SCHEDULE K-1 OTHER INCOME, BOX 11, CODE I  |                  |
|--|------------------|
| DESCRIPTION PARTNER FILING INSTRUCTIONS  | AMOUNT           |
| OTHER INCOME FROM ACTIVITIES ENTER ON APPLICABLE LINE OF YOUR RETURN                                   | 138.             |
| TOTAL TO SCHEDULE K-1, BOX 11, CODE I  | 138.             |
| SCHEDULE K-1 OTHER DEDUCTIONS, BOX 13, CODE W  |                  |
| DESCRIPTION PARTNER FILING INSTRUCTIONS  | TRUOMA           |
| MANAGEMENT FEES OTHER DEDUCTIONS FROM SEE IRS SCH. K-1 INSTRUCTIONS                                    | 147.             |
| ACTIVITIES PORTFOLIO AMORTIZATION PORTFOLIO DEDUCTIONS   | 14.<br>1.<br>58. |
| TOTAL TO SCHEDULE K-1, BOX 13, CODE W  | 220.             |
| SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C  |                  |
| DESCRIPTION PARTNER FILING INSTRUCTIONS  | TRUOMA           |
| NONDEDUCTIBLE EXPENSES - SEE IRS SCH. K-1 INSTRUCTIONS PASSTHROUGH                                     | 3.               |
|  | 3.               |
| TOTAL TO SCHEDULE K-1, BOX 18, CODE C  |                  |
| TOTAL TO SCHEDULE K-1, BOX 18, CODE C  SCHEDULE K-1  UNRELATED BUSINESS TAXABLE INCOME, BOX 20, CODE V |                  |
| SCHEDULE K-1 UNRELATED BUSINESS TAXABLE INCOME,  | AMOUNT           |
| SCHEDULE K-1 UNRELATED BUSINESS TAXABLE INCOME, BOX 20, CODE V   |                  |

| SCHEDULE K-1   | SECTION 1  | .99A | INFORMATION, | BOX | 20, | CODE | Z |   |
|--|------------|------|--------------|-----|-----|------|---|---|
| DESCRIPTION  |            |      |              |     |     |      |   | AMOUNT                                    |
| RENT - ENTITY LEVE   |            | ALLO | OCATION      |     |     |      |   | -16,670.                                  |
| PASSTHROUGH - JCR<br>EIN: 47-1253302                               | FUND III I | NVES | STOR I, LLC  |     |     |      |   |   |
| ORDINARY INCOME<br>RENTAL INCOME (<br>W-2 WAGES<br>UNADJUSTED BASI | (LOSS)     | :s   |              |     |     |      |   | 13,816.<br>-17,175.<br>3,213.<br>730,335. |

#### SCHEDULE K-1 SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 20, UNDER CODE Z. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

| SCHEDULE K-1 GROSS RECEIPTS FOR                         | SECTION 448(C), BOX 20, CODE AG                            |                 |  |  |  |
|---|--|-----------------|--|--|--|
| DESCRIPTION GROSS RECEIPTS - CURRENT YEAR               | PARTNER FILING INSTRUCTIONS  SEE IRS SCH. K-1 INSTRUCTIONS | AMOUNT 141,597. |  |  |  |
| TOTAL TO SCHEDULE K-1, LINE 20 AG 141,597.              |  |                 |  |  |  |
|   |  |                 |  |  |  |
| SCHEDULE K-1 ITEM L. PARTNER'S CAPITAL ACCOUNT ANALYSIS |  |                 |  |  |  |
| BEGINNING CAPITAL ACCOUNT METHOD USED - TAX BASIS       |  |                 |  |  |  |
|   |  |                 |  |  |  |
| SCHEDULE K-1  | FOOTNOTES  |                 |  |  |  |

UNLESS OTHERWISE NOTED, ALL ITEMS REPORTED ON YOUR SCHEDULE K-1 ARE COMPONENTS OF NET INVESTMENT INCOME AS DEFINED IN TREAS. REG. 1.1411-4 AND MAY BE SUBJECT TO THE NET INVESTMENT INCOME TAX PURSUANT TO IRC SECTION 1411. IF YOU ARE A DOMESTIC TRUST OR ESTATE OR AN INDIVIDUAL WHO IS A CITIZEN OR RESIDENT, PLEASE USE FORM 8960 TO DETERMINE AND REPORT YOUR NET INVESTMENT INCOME AND TAX. CORPORATE PARTNERS ARE NOT SUBJECT TO THE NET INVESTMENT INCOME TAX. FOR ADDITIONAL INFORMATION, PLEASE REFER TO TREAS. REG. 1.1411-1 THROUGH 10 OR CONSULT YOUR TAX ADVISOR.

SCHEDULE K-1, BOX 13, CODE W - FOR INDIVIDUAL TAXPAYERS: CERTAIN SEC. 212 PORTFOLIO DEDUCTIONS WERE PREVIOUSLY DEDUCTIBLE, SUBJECT TO THE 2% ADJUSTED GROSS INCOME FLOOR, UNDER SEC. 67. HOWEVER, THE DEDUCTIBILITY OF THESE ITEMIZED DEDUCTIONS HAS BEEN SUSPENDED PURSUANT TO SEC. 67(G) FOR ANY TAXABLE YEAR BEGINNING AFTER DECEMBER 31, 2017 AND BEFORE JANUARY 1, 2026.

PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE DEDUCTIBILITY

OF SEC. 212 PORTFOLIO DEDUCTIONS.

THE AMOUNT OF INCOME, GAIN, LOSS, DEDUCTIONS, OR CREDITS YOU MAY REPORT OR CLAIM ON YOUR TAX RETURN MAY DIFFER FROM THE AMOUNTS REPORTED ON THIS SCHEDULE K-1. THESE VARIANCES ARE GENERALLY RELATED TO COMPUTATIONS THAT MUST BE PERFORMED AND ELECTIONS THAT MUST BE MADE AT THE PARTNER LEVEL, INCLUDING BUT NOT LIMITED TO: LIMITATIONS ON DEDUCTIBILITY OF INVESTMENT INTEREST AND PORTFOLIO EXPENSES, BASIS LIMITATIONS, AT-RISK LIMITATIONS, PASSIVE ACTIVITY LIMITATIONS, AND EXCESS BUSINESS LOSSES. PLEASE CONSULT YOUR TAX ADVISOR AND REVIEW THE ELECTRONIC INSTRUCTIONS FOR SCHEDULE K-1, WHICH ARE PROVIDED FOR YOU AT RSMUS.COM/K1.

DUE TO CHANGES IN PARTNERSHIP REPORTING REQUIREMENTS FOR FORM 1065, SCHEDULE K-1, THE BEGINNING CAPITAL REPORTED UNDER ITEM L OF YOUR 2020 SCHEDULE K-1 MAY DIFFER FROM THE ENDING CAPITAL REPORTED UNDER ITEM L OF YOUR 2019 SCHEDULE K-1. THE CAPITAL ACCOUNT INFORMATION ON YOUR SCHEDULE K-1 IS NOW PRESENTED USING THE TAX BASIS CAPITAL METHOD. THE TAX CAPITAL AMOUNTS REFLECTED UNDER ITEM L OF YOUR SCHEDULE K-1 DO NOT REPRESENT YOUR ADJUSTED TAX BASIS ('OUTSIDE BASIS') AND SHOULD NOT BE USED TO DETERMINE YOUR ADJUSTED TAX BASIS ('OUTSIDE BASIS').

PLEASE CONSULT YOUR TAX ADVISOR.

#### SUPPLEMENTAL STATE INFORMATION

YOUR SHARE OF UBTI FROM STATE SOURCES:

| ARIZONA    | 4,058.  |
|------------|---------|
| CALIFORNIA | 3,121.  |
| ILLINOIS   | -635.   |
| KANSAS     | 5,364.  |
| KENTUCKY   | -344.   |
| MARYLAND   | 1,526.  |
| WISCONSIN  | -1,718. |
| TEXAS      | -1,020. |
|            |         |

A NUMBER OF TAX PROVISIONS MAY REQUIRE CERTAIN CALCULATIONS TO BE MADE USING YOUR SHARE OF NET GAINS AND LOSSES, INCLUDING SECTION 1061. ACCORDINGLY, YOUR ALLOCATIONS OF THESE ITEMS INCLUDED ON YOUR 2020 SCHEDULE K-1 ARE PRESENTED BELOW:

| NET LONG-TERM | GAINS/(LOSSES) | (HELD THREE YEARS OR LESS):   | 5,809. |
|---------------|----------------|-------------------------------|--------|
| NET LONG-TERM | GAINS/(LOSSES) | (HELD MORE THAN THREE YEARS): | -354.  |

PLEASE CONSULT YOUR TAX ADVISOR.

PLEASE CONTACT THE PARTNERSHIP IF YOU REQUIRE ADDITIONAL INFORMATION ON YOUR SHARE OF GROSS GAINS ALLOCATED TO YOU BY THE PARTNERSHIP.

UNRELATED BUSINESS TAXABLE INCOME ('UBTI'):

THE AMOUNT OF INCOME, GAIN, LOSS, OR DEDUCTION AS REPORTED ON YOUR SCHEDULE K-1 THAT REPRESENT UNRELATED BUSINESS TAXABLE INCOME ARE LISTED BELOW:

| LINE 1: ORDINARY INCOME (LOSS)           | 5,042. |
|--|--------|
| LINE 2: RENTAL REAL ESTATE INCOME (LOSS) | 1,329. |
| TINE 10: NET SECTION 1231 GAIN (LOSS)    | 3,982. |

PLEASE CONSULT YOUR TAX ADVISOR.

ADDITIONAL INFORMATION IS AVAILABLE UPON REQUEST.

#### SCHEDULE K-1 LINE 20 Z ADDITIONAL SECTION 199A INFORMATION

| JCR LANE INVESTORS 3, LLC EIN: 47-3498736                 |                     |
|---|---------------------|
| Z SECTION 199A QUALIFIED BUSINESS                         |                     |
| AA SECTION 199A W-2 WAGES                                 | 0.                  |
| AB SECTION 199A UNADJUSTED BASIS                          | 0.<br>0.            |
| AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME | 0.                  |
| AD SECTION 199A PTP INCOME                                | 0.                  |
| JCR LAKE FOREST OFFICE INVESTORS, I                       | LLC                 |
| EIN: 81-1375089   |                     |
|   | INCOME 361.         |
| AA SECTION 199A W-2 WAGES                                 | 0.                  |
| AB SECTION 199A UNADJUSTED BASIS                          | 0.                  |
| AC SECTION 199A REIT DIVIDENDS                            | 0.<br>0.            |
| AD SECTION 199A PTP INCOME                                | 0.                  |
| JCR PHOENIX FLEX PORTFOLIO INVESTORS                      | S. LLC              |
| EIN: 81-2075124   | -,                  |
| Z SECTION 199A QUALIFIED BUSINESS                         |                     |
| AA SECTION 199A W-2 WAGES                                 | 0.                  |
| AB SECTION 199A UNADJUSTED BASIS                          | 0.                  |
| AC SECTION 199A REIT DIVIDENDS                            | 0.                  |
| AD SECTION 199A PTP INCOME                                | 0.                  |
| SHARE OF 1231 GAIN (LOSS) THAT MAY CONS                   | STITUTE QBI 12,426. |
| JCR GREENBELT MULTIFAMILY INVESTOR,                       | LLC                 |
| EIN: 82-0715422   |                     |
| Z SECTION 199A QUALIFIED BUSINESS                         | INCOME 1,598.       |

| JCR COMMERCIAL REAL ESTATE FINANCE FUND   | 46-5513078                                 |  |  |  |
|---|--|--|--|--|
| AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME  | 1,084.<br>120,500.<br>0.<br>0.             |  |  |  |
| JCR MIRA LOMA INDUSTRIAL LAND INVESTOR, LLC EIN: 82-2693918   |  |  |  |  |
| Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME   | 13,234.<br>0.<br>0.<br>0.                  |  |  |  |
| JCR TAMPA FLEX INVESTOR, LLC EIN: 82-3377641  |  |  |  |  |
| Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME   | -432.<br>0.<br>0.<br>0.                    |  |  |  |
| JCR GREENSPOINT OFFICE VENTURE, LLC   |  |  |  |  |
| EIN: 32-0489332<br>Z SECTION 199A QUALIFIED BUSINESS INCOME<br>AA SECTION 199A W-2 WAGES<br>AB SECTION 199A UNADJUSTED BASIS<br>AC SECTION 199A REIT DIVIDENDS<br>AD SECTION 199A PTP INCOME                                    | -2,783.<br>1,606.<br>132,900.<br>0.        |  |  |  |
| JCR ORANGE COUNTY OFFICE INVESTOR 1, LLC EIN: 82-4841431  |  |  |  |  |
| Z SECTION 199A QUALIFIED BUSINESS INCOME  AA SECTION 199A W-2 WAGES  AB SECTION 199A UNADJUSTED BASIS  AC SECTION 199A REIT DIVIDENDS  AD SECTION 199A PTP INCOME   | -1,542.<br>0.<br>54,724.<br>0.<br>0.       |  |  |  |
| JCR WEST SACRAMENTO INDUSTRIAL INVESTORS, LLC   |  |  |  |  |
| EIN: 83-0714448 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME SHARE OF 1231 GAIN (LOSS) THAT MAY CONSTITUTE QBI | -3,572.<br>0.<br>0.<br>0.<br>0.<br>55,331. |  |  |  |
| PHOENIX JCR MILWAUKEE INDUST. INVEST. 4   |  |  |  |  |
| EIN: 83-2781283 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME   | 509.<br>0.<br>0.<br>0.                     |  |  |  |
| FOCUS DEN JACKSONVILLE MULTIFAMILY INVE EIN: 84-3532452   |  |  |  |  |

| JCR COMMERCIAL REAL ESTATE FINANCE FUND   | 46-5513078                     |
|---|--------------------------------|
| Z SECTION 199A QUALIFIED BUSINESS INCOME<br>AA SECTION 199A W-2 WAGES<br>AB SECTION 199A UNADJUSTED BASIS<br>AC SECTION 199A REIT DIVIDENDS<br>AD SECTION 199A PTP INCOME     | -3,504.<br>523.<br>67,883.     |
| ULTIMATE DEN MACON INDUSTRIAL INVESTORS LL  |                                |
| EIN: 84-3597525 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME | -437.<br>0.<br>42,380.<br>0.   |
| CHP JCR CHICAGO INDUSTRIAL INVESTOR LLC   |                                |
| EIN: 84-2017844 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME | -791.<br>0.<br>3,302.<br>0.    |
| PHOENIX JCR MILWAUKEE INDUST. INVEST. 5, L  |                                |
| EIN: 84-1790861 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME | 2.<br>0.<br>0.<br>0.           |
| PHOENIX JCR MT. PLEASANT INDUSTRIAL JV  |                                |
| EIN: 83-2122617 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME | -3,176.<br>0.<br>51,998.<br>0. |
| PHOENIX JCR LYNCHBURG INDUSTRIAL JV LLC   |                                |
| EIN: 85-3734272 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME | -222.<br>0.<br>0.<br>0.        |
| PHOENIX JCR COFFEYVILLE INDUST. JV LLC  |                                |
| EIN: 84-3921914 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A INADJUSTED BASIS   | 6,731.<br>0.<br>0.             |

199A REIT DIVIDENDS AC SECTION AD SECTION 199A PTP INCOME

JCR ROCKFORD II INDUSTRIAL INVESTOR LLC

AB SECTION 199A UNADJUSTED BASIS

0. 0.

0.

0.

| JCR COMMERCIAL REAL ESTATE FINANCE FUND   | 46-5513078                           |
|---|--------------------------------------|
| EIN: 85-4307033 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME   | 116.<br>0.<br>28,875.<br>0.<br>0.    |
| PHOENIX JCR BROWNSVILLE INDUSTRIAL JV LLC EIN: 85-3659188 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME   | 1,862.<br>0.<br>89,455.<br>0.        |
| PHOENIX JCR NORMAL INUSTRIAL JV LLC EIN: 85-1066377 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME         | -594.<br>0.<br>0.<br>0.              |
| PHOENIX JCR LEDVANCE INDUSTRIAL JC LLC EIN: 85-1106203 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME      | -1,552.<br>0.<br>31,855.<br>0.<br>0. |
| JCR ANAHEIM FLEX INVESTOR, LLC EIN: 81-4688405 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME              | 2,110.<br>0.<br>55,274.<br>0.<br>0.  |
| JCR CAPROCK INVESTORS 5, LLC EIN: 82-2693918 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME                | -435.<br>0.<br>0.<br>0.              |
| DAVIS JCR RUBIDOUX INDUSTRIAL LAND INVESTOR EIN: 84-1957047 Z SECTION 199A QUALIFIED BUSINESS INCOME AA SECTION 199A W-2 WAGES AB SECTION 199A UNADJUSTED BASIS AC SECTION 199A REIT DIVIDENDS AD SECTION 199A PTP INCOME | -56.<br>0.<br>0.<br>0.               |

| JCR COMMERCIAL REAL ESTATE FINANCE FUND           | 46-5513078 |
|---|------------|
| EIN: 84-3860851                                   |            |
| Z SECTION 199A QUALIFIED BUSINESS INCOME          | -8,605.    |
| AA SECTION 199A W-2 WAGES                         | 0.         |
| AB SECTION 199A UNADJUSTED BASIS                  | 51,190.    |
| AC SECTION 199A REIT DIVIDENDS                    | 0.         |
| AD SECTION 199A PTP INCOME                        | 0.         |
|   |            |
| VELOCITY DEN LANDSDALE INDUSTRIAL INVESTOR        |            |
| EIN: 85-2625765                                   |            |
| Z SECTION 199A QUALIFIED BUSINESS INCOME          | -1,949.    |
| AA SECTION 199A W-2 WAGES                         | 0.         |
| AB SECTION 199A UNADJUSTED BASIS                  | 289,670.   |
| AC SECTION 199A REIT DIVIDENDS                    | 0.         |
| AD SECTION 199A PTP INCOME                        | 0.         |
|   |            |
| JCR COMMERCIAL REAL ESTATE FINANCE FUND IIIBQ, LP |            |
| EIN: 47-1253302                                   |            |
| Z SECTION 199A QUALIFIED BUSINESS INCOME          | -17,135.   |
| AA SECTION 199A W-2 WAGES                         | 0.         |
| AB SECTION 199A UNADJUSTED BASIS                  | 0.         |
| AC SECTION 199A REIT DIVIDENDS                    | 0.         |
| AD SECTION 199A PTP INCOME                        | 0.         |

WHEN REPORTING QBI ON YOUR INCOME TAX RETURN, YOUR INDIVIDUAL CIRCUMSTANCES MAY REQUIRE ADDITIONAL ADJUSTMENTS, INCLUDING: A) THE PARTIAL OR COMPLETE EXCLUSION OF CERTAIN ITEMS CURRENTLY INCLUDED IN QBI, OR B) THE INCLUSION OF ADDITIONAL ITEMS REPORTED ELSEWHERE ON THIS K-1.

PLEASE CONSULT YOUR TAX ADVISOR.

THE FOLLOWING ACTIVITIES WERE DISPOSED OF DURING 2020:

JCR LAKE FOREST OFFICE INVESTORS, LLC

JCR PHOENIX FLEX INVESTORS, LLC

JCR CAPROCK INVESTORS 5, LLC

JCR TAMPA FLEX INVESTOR, LLC

JCR WEST SACRAMENTO INDUSTRIAL INVESTOR, LLC

PHOENIX JCR MILWAUKEE INDUST. INVEST. 5, LLC

PHOENIX JCR COFFEYVILLE INDUST. JV, LLC

AC EE12070



# 2012 and Forward Form G2-A WITHHOLDING ON NONRESIDENT MEMBERS SHARE OF TAXABLE INCOME SOURCED TO GEORGIA

| YEAR<br>2020  | 1. PAYER'S NONRESIDENT (NR) WI<br>3110267-PK            | H#    | 2. PAYER'S FEDERAL ID NUMBER 30-0735541                                  |  |
|---|---|-------|--|--|
| 3. PAYER'S NAME   | AND ADDRESS   |       | 4. RECIPIENT'S FEIN/ID NUMBER 38-1872132                                 |  |
| HARBERT UI<br>ESTATE FUI  | NITED STATES REAL<br>ND V, LP                           |       | 5. RECIPIENT'S NAME AND ADDRESS<br>COMMUNITY FOUNDATION OF ST. CLAIR COU |  |
| P.O. BOX 3  | L297<br>M, AL 35201                                     |       | 500 WATER STREET<br>PORT HURON, MI 48060                                 |  |
| 3   | IONRESIDENT MEMBER'S SHARE OF<br>DME SOURCED TO GEORGIA |       | 7. GEORGIA TAX WITHHELD  |  |
|   |   | 5850. | 197.   |  |
| GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 105685 ATLANTA GA 30348-5685 COPY 2 - TO BE ATTACHED TO GEORGIA RETURN |   |       |  |  |